

12-10-99

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.

SPRAGUE-REI-1

First Named Inventor

William R. SPRAGUE

Original Patent Number

5,842,629

Original Patent Issue Date
(Month/Day/Year)

12/01/1998

Express Mail Label No.

EK315845744 VS

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☒ Ribbioned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☒ Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ Other: **Order for Title Report**

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Joseph M. Gusmano				
	Law Offices of Royal W. Craig, P.C.				
Address	210 North Charles Street				
	Suite 1319				
City	Baltimore	State	MD	Zip Code	21201
Country	USA	Telephone	410-528-8252	Fax	410-528-1066

NAME (Print/Type)	Joseph M. Gusmano	Registration No. (Attorney/Agent)	41,051
Signature		Date	12/1/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

12/09/99

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

SPRAGUE-REI-1**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 4	Total Claims (37 CFR 1.16(j))	(B) 15	**** 0 =	x \$ _____ =	-0-	or	x \$ _____ =
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ _____ =	-0-		x \$ _____ =
Basic Fee (37 CFR 1.16(h))					\$ 380		\$ _____
Total Filing Fee					\$ 380	OR	\$ _____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ _____ =		or	x \$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
Total Additional Fee					\$	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 03-3565.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 405.00 to cover the filing / additional fee is enclosed.

12/9/99
Date


Signature of Applicant, Attorney or Agent of Record

Joseph M. Gusmano, Reg. No. 41,051

Typed or printed name

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FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) 405.00

Complete if Known

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	SPRAGUE, William R.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	SPRAGUE-REI-1

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **03-3565**
Deposit Account Name **Royal W. Craig, P.C.**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	380
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$) 380.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) -0-

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 380	Filing a submission after final rejection (37 CFR 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR 1.129(b))	
Order for Title report under 37 CFR 1.19(b)(4)			25
Other fee (specify) _____			
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 25.00

SUBMITTED BY

Typed or Printed Name **Joseph M. Gusmano**

Signature

Joseph M. Gusmano

Date

12/4/99

Complete (if applicable)

Reg. Number **41,051**

Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application of: SPRAGUE, William R. et al.

Application No.: To be assigned

Original Patent No.: 5,842,629

Filed: Herewith

Original Issue Date: December 1, 1998

For: VERI MAG PACK



* * * * *

ORDER FOR TITLE REPORT

To the Assistant Commissioner for Patents
Washington DC 20231

ATTENTION: Assignments Branch

Sir:

Please submit a title report to the Examiner in the above reissue application. The fee required under 37 C.F.R. § 1.19(b)(4) is to be paid from the check submitted with the application. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 03-3565.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Joseph M. Gusmano".

Royal W. Craig, Reg. No. 34,145
Gregory M. Stone, Reg. No. 43,165
Joseph M. Gusmano, Reg. No. 41,051
Attorneys for Applicant

Date: 12/4/99

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